

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

**TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**1. TRANSMITTAL NUMBER:**  
13-016

**2. STATE**  
Montana

**3. PROGRAM IDENTIFICATION:** Title XIX of the  
Social Security Act (Medicaid)

**4. PROPOSED EFFECTIVE DATE**  
07/01/2013

**5. TYPE OF PLAN MATERIAL (Check One):**

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

**COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)**

**6. FEDERAL STATUTE/REGULATION CITATION:**  
N/A

**7. FEDERAL BUDGET IMPACT:**  
a. FFY 2013 \$6,043  
b. FFY 2014 \$24,290  
c. FFY 2015 \$24,290

**8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:**  
Page(s) 1 of 1 and 2 of 2  
Attachment 4.19B  
Methods & Standards of Establishing Payment Rules  
Service 11a  
Physical Therapy Services

**9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):**  
Page(s) 1 of 1 and 2 of 2  
Attachment 4.19B  
Methods & Standards of Establishing Payment Rules  
Service 11a  
Physical Therapy Services

**10. SUBJECT OF AMENDMENT:**  
Amend Physical Therapy to increase fees 2% and update the date of the fee schedule.

**11. GOVERNOR'S REVIEW (Check One):**

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT  
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

**12. SIGNATURE OF STATE AGENCY OFFICIAL:**

*Mary E. Dalton*

**13. TYPED NAME:** Mary E. Dalton

**14. TITLE:** State Medicaid Director

**15. DATE SUBMITTED:** 6-27-13

**16. RETURN TO:**

Montana Dept. of Public Health and Human Services  
Mary E. Dalton  
State Medicaid Director  
Attn: Jo Thompson  
PO Box 4210  
Helena, MT 59604

**FOR REGIONAL OFFICE USE ONLY**

**17. DATE RECEIVED:** 6/27/13

**18. DATE APPROVED:** 9/23/13

**PLAN APPROVED - ONE COPY ATTACHED**

**19. EFFECTIVE DATE OF APPROVED MATERIAL:**  
7/1/13

**20. SIGNATURE OF REGIONAL OFFICIAL:**

**21. TYPED NAME:** RICHARD C. ALLEN

**22. TITLE:** ARA, DMH

**23. REMARKS:**